F 7-26-1	E couru			F CORRECTION TO BIRTH RE		CONTROL	Page 2 of 2	
Enter Correct Information Concerning Person Whose Birth Record is Being Amended	SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTA REGISTRANT'S FULL NAME AT BIRTH Alice Earline Reese					STATE FILE OR BIRTH NUMBER 139-15-025302		
	Month BIRTH Jul	Day 26	Year 1915	City or Town BIRTH PLACE Sumter		inty nter	State SC	
ITEMS	ITEM OMITTED OR IN ERROR			BIRTH CERTIFICATE SHOWS		SHOULD BE		
TO BE	name			Earline Reese		Alice Earline Reese		
OR								
CORRECTED	A Section 1							
AFFIDAVIT	I HEREBY DECLARE SIGNATURE OF PARE	OVE STATEMENTS ARE TRUE AND OWNE	correct: RELATIONSHIP Self					
NOTARY AFFIX SEAL)	SUBSCRIBED AND ST	work to bei vember 28		SIGNATURE OF NOTAF	N 004	NOTARY COMMISSION EXPIRES March 21 1882		
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT [OR OTHER]					RELATIONSHII	•	
NOTARY AFFIX SEAL]	SUBSCRIBED AND SV	WORN TO BEF	ORE ME ON	SIGNATURE OF NOTAR	RY	NOTARY COM	MISSION EXPIRES	
				DO NOT WRITE BELOW T	HIS LINE			
ABSTRACT	NAME AND KIND OF DOCUMENT (INCLUDING BY WHOM ISS			BY WHOM ISSUED AND DATE OF IS	UED AND DATE OF ISSUE]		DATE ORIGINAL DOCUM WAS MADE	
of	1 Social Security Appl. #072-20-1057 Balt. Md. 8/59						8/59	
Supporting	2							
Evidence (for health	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE							
dept. use]								
•	2							
	3							
HEC No. 613	ADDITIONAL INFOR	MATION						
Rev. 2/75	I certify that I have decuments referred they show no change and appear to be su	a or erecures.	ASSISTAL	NT STATE REGISTRAR	EVIDENCE REV	AQ ()	MODIN 13-4.	